

Chart notes Patient name: _____ Date of appointment: _____ Clinician: Reason for appointment: Right fitting Left fitting Current: _____ Inserted: _____ Current: _____ Inserted: _____ Depth of device (mm) Depth of device (mm) Lubrication used: _____ Lubrication used: _____ Ear Cleaned: Y / N Ear Cleaned: Y / N Place sticker for right device here Place sticker for left device here Clinician: _____ _____ Date of appointment: _____ Reason for appointment: _____ Right fitting Left fitting Current: _____ Inserted: _____ Depth of device (mm) Depth of device (mm) Current: _____ Inserted: _____ Lubrication used: _____ Lubrication used: _____ Ear Cleaned: Y / N Ear Cleaned: Y / N Place sticker for right device here Place sticker for left device here Clinician: ______ Date of appointment: _____ Reason for appointment: _____ Right fitting Left fitting Current: ______ Inserted: _____ Current: ______ Inserted: _____ Depth of device (mm) Depth of device (mm) Lubrication used: _____ Lubrication used: _____ Ear Cleaned: Y / N Ear Cleaned: Y / N Place sticker for right device here Place sticker for left device here



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